



# **Tough Choices in Health Care**

## **Final Report – Grant 2005F1-0004**

Prepared by

The Governor's Office of Health Policy and Finance  
with assistance from Tish Tanski

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## **Executive Summary**

The Tough Choices in Health Care 21<sup>st</sup> Century Town Meeting™ Project was a large-scale public engagement process with the goal of reaching a broad, demographically representative group of Mainers to generate understanding, discussion and deliberation about issues of access, quality and cost in health care. The dialogue was one of several steps to generate public input into the draft State Health Plan<sup>i</sup>, which was released on November, with formal public hearings held on November 21<sup>st</sup> and 22<sup>nd</sup>.

Tough Choices succeeded in raising visibility of the health care issues facing our State for thousands of Mainers through multiple mailings, media coverage and extensive personal contact. The actual number of people attending the meeting itself was below targeted projections, but those attending indicated that the dialogue was important in informing them and in changing their perceptions. A significant number were active in two follow-up focus groups and in the Health Care Listening Tour held in September in 7 communities across Maine. In part because of the experience in Maine, the national Citizens Work Group on Health Care Reform, created by Congress, is utilizing the 21<sup>st</sup> Century Town Meeting™ methodology to gather broad based citizen input across the United States as it prepares a national “road map” on health care, which it will present to Congress in the Spring of 2006.

## **Process**

**The Model:** The Margaret Chase Smith Policy Center and Cooperative Extension, two outreach components of the University of Maine, worked with the Governor’s Office on Health Policy and Finance and its Advisory Council on Health Systems Development to analyze existing models for meaningful involvement of the public in public policy dialogue. The criteria were that the model:

- go beyond a conventional focus group or survey methodology which capture the opinions of individuals and groups at a particular point in time; and,
- include informed dialogue that would allow open interchange of ideas and opinions.

A review of literature and interviews with policy makers and practitioners pointed to several possible “public engagement” strategies. Based on that review, the Governor’s Office of Health Policy and Finance and its Advisory Council on Health Systems Development selected the *AmericaSpeaks* model. The *AmericaSpeaks* model involves extensive outreach and large-scale face-to-face meetings with participants and facilitators trained to ensure constructive dialogue and involve each participant in the process. This “deliberative democracy” model allows a large number of people to understand the issues, engage in dialogue and learn from each other. Importantly, it captures participants’ perceptions for use by policy makers and other stakeholders in the process and the issues being discussed. The model also had the potential to include participants from across the state through videoconference.

**Collaborators:** The University of Maine’s Margaret Chase Smith Center and Cooperative Extension, the National Academy for State Health Policy, the University of Southern Maine’s

Muskie School and its Survey Research Center, and *AmericaSpeaks* collaborated with the Governor's Office of Health Policy and Finance and its Advisory Council on this project.

Each had an important role. The Governor's Office and its Advisory Council provided leadership and substantial staff support to the effort. The Muskie School and its Survey Research Institute provided content support and devised ways to recruit a participant pool demographically representative of Maine people. The Cooperative Extension service used its statewide network to recruit and train facilitators and volunteers. The National Academy for State Health Policy provided logistics support for the meetings themselves. The Margaret Chase Smith Center served as overall project manager. All provided content support and advice throughout the process.

**Financial Support:** Tough Choices was funded in substantial part by two grants from the Maine Health Access Foundation (MeHAF). MeHAF's support and encouragement was crucial in the development and implementation of the Tough Choices initiative. Additional support was provided by Jane's Trust, Maine Community Foundation, Betterment Fund, Robert Wood Johnson Foundation's State Coverage Initiatives Program, US Department of Health and Human Services' Health Resources and Services Administration, and the Wishcamper Group.

**Timing and Locations:** Two simultaneous all-day meetings were held as planned on May 21, 2005, in Brewer and Biddeford. The May 21<sup>st</sup> meetings were "make-up" for the original meeting date planned for March 12<sup>th</sup> in South Portland, Augusta and Brewer. The March 12<sup>th</sup> meetings were cancelled because of a severe winter storm and at the behest of the Maine Emergency Management Agency. Rescheduling the meetings required significant additional support from the Maine Health Access Foundation and other funders and decisions were made to hold the meeting in two locations and with fewer participants as cost-saving measures.

**Participants:** The *AmericaSpeaks* model seeks a participant pool that is reflective of the community's demographics, such as age, gender and income. *AmericaSpeaks*' recruitment efforts typically involve community leaders and others working through networks to achieve a demographically representative participant pool. However, the Tough Choices project required that *AmericaSpeaks* modify its recruitment strategies to identify a representative group of participants through academically accepted survey methodology. This was a priority of the Governor's Office and its Advisory Council.

Led by the Muskie School's Survey Research Institute, team members designed a multi-step recruitment process:

- Through a previous grant from the Maine Health Access Foundation, the Muskie Research Institute purchased a list of households in Maine from a national, reputable survey research firm, and developed a random sample of 25,000 Maine households.
- A letter from Governor Baldacci explaining the town meeting process was sent to the sample, along with a demographic survey. Interested participants returned the completed survey and provided basic demographic information on age, gender, ethnicity, education, and income, health care coverage (if any), and occupational category.
- The Muskie Research Survey Institute recorded the data, and matched key demographic characteristics to state benchmarks derived from the most recent US Census.

- Those meeting the demographic criteria received an invitation from the Governor and program materials. Once a specific demographic target was met, respondents in that category received a letter from the Governor explaining that they could not participate in the meeting itself, but could be involved in other ways.

Additional recruitment strategies were used to compensate for categories that did not meet their targets, including mailings to additional randomly selected people, repeat mailings to the existing candidate pool. These strategies were only partially successful in reaching young people, particularly those in the 18-24 age demographic, many of whom do not have “land-line” telephones and are often therefore not included in survey sample lists. Additional strategies to recruit this demographic included broadcast emails to groups such as college students. Through this process, the Muskie Research Center identified a pool of 2,700 demographically eligible participants. Factoring in response rates and expected attrition, the team projected 1,000-1,200 participants at the original three sites initially planned for the March 12 meeting.

This pool of candidates served as the core recruitment pool for the rescheduled May 21 meetings, with a projected response rate of 1,000, of which 800 were projected to attend. Mailings were sent to these candidates, along with broadcast notices to college students, and email notices to several thousand individuals from the initial pool of candidates that were randomly selected. Initial indications were that the target of 800 attendees might be achieved, but as the meeting grew closer, responses declined and significant attrition occurred. Over 300 participants attended on May 21<sup>st</sup>. It is believed that the smaller attendance was due in large part to the March 12<sup>th</sup> cancellation, reducing the number of locations from three to two and moving the Southern Maine location to Biddeford from the Greater Portland area.

Demographically, the group closely resembled the State’s population in gender, household income, and race. Regarding age, the group was over represented by participants 45 and older, though relatively close to the State’s population for ages 25-44. Some have suggested that this age disparity is typical for community activities of this type. However, because of Tough Choices’ interactive and deliberative process, it is believed that all voices and perspectives were well represented and heard.

**Participant Discussion Guide:** To ensure participants were equipped to discuss the complexities of the health care system and in order to ensure a detailed discussion of options for improving Maine’s health and health care system, a Discussion Guide was developed by the Tough Choices collaborators with direction from the Governor’s Office. In addition, the Governor’s Office sought and received significant input and edits on multiple drafts of the Guide from stakeholders. Stakeholders included representatives from providers, insurers, business, consumers, public health, legislators and others with an interest in the Tough Choices process.

The Guide discussed the status of health care in Maine, summarizing the health of Maine people and cost, quality and access to health care. To help guide the Tough Choices discussions, the Guide presented four primary topics within which “tough choices” were needed: Tough Choices to *Improve Mainers’ Health Status*; Tough Choices to *Reduce Health Care Costs*; Tough Choices to *Improve Health Care Quality*; and, Tough Choices to *Increase Access to Health Insurance Coverage*. Within each topic, several choices were presented for participants to

discuss. It was made clear to participants that the choices presented were not exhaustive and participants were encouraged to bring their own ideas of the table.

**Facilitators and Volunteers:** Approximately 120 facilitators and volunteers received materials and training in the issues addressed by the meeting participants themselves. Although this group did not participate in the thematic discussions at the meeting, they did receive new information and an understanding of the difficult tradeoffs involved in policies involving health care access, quality and cost.

**The General Public:** A significant number of Mainers were reached through extensive media coverage of the events: Print media covering the events included the Maine Sunday Telegram, Portland Press Herald, Kennebec Journal, Lewiston Sun Journal, Bangor Daily News and several weekly papers. Television news coverage was provided by all three major networks in the Portland and Bangor media markets and radio coverage was provided by Maine Public Radio, WERU, and stations in the Bangor area.

## **Findings**

The day began with small group discussions of values. Themes that emerged included the following:

- Health care should be a right, not a consumer good;
- Everyone should have access to affordable health care;
- High-quality health care should be available to everyone;
- Health care should be affordable for employers and employees;
- Costs to individuals should be based on ability to pay;
- Funding prevention saves money and improves health;
- People need to take personal responsibility for their health; and,
- Health care should include mental health and substance abuse coverage.

Participants then began discussing the four major Tough Choices topic areas: Improve Mainers' Health Status; Reduce Health Care Costs; Improve Health Care Quality; and, Increase Access to Health Insurance Coverage. The fifth task for participants was to identify their top choices from the day's discussions. In doing so, they discussed both system-wide and incremental changes.

### **1. Improve Mainers' Health Status**

Participants discussed five options to improve health status presented as examples in the discussion guide (Table 1). In first-round polling, a majority of the participants supported each of the options, with the strongest consistent support for *encourage making good food choices and increase exercise at school*; there was an even split for and against having *premium discounts for healthy living*. After individual table discussions, a sixth option was added by participants: *reduce cancer-causing chemicals in the environment*.

### Results of Polling – Improve Mainers’ Health Status

Options	For	Against
Encourage making good food choices and increase exercise at school	98%	2%
Require no cost (free) preventive care in all health insurance	80%	20%
Enact tougher seat belt and/or helmet laws	66%	34%
Tax unhealthy habits	59%	41%
Premium discounts for healthy living	50%	50%

In the next round of polling, to select the top options for improving health status, those with the greatest support were:

1. *Encourage making good food choices and increase exercise at school,*
2. *Require no cost (free) preventive care in all health insurance.*

### 2. Reduce Health Care Costs

The discussion guide outlined six examples of options to reduce health care costs. Perhaps not surprisingly, participants did not relish most of these cost-reduction strategies. The only strategy to gain significant participant support was to *regulate insurance premiums*. During the more in-depth follow up discussion, participants added three additional options to control costs: *cap insurance profits and executive salaries*; *get out of the private for-profit insurance paradigm*; and a vocal minority also emerged that advocated for wanting to *help create new options*. Names and contact information were gathered for those wanting to help create new options to ensure their involvement in additional meetings and discussions; notably the focus groups held in August and the Health Care Listening Tour.

### Results of Polling – Reduce Health Care Costs

Options	For	Against
Regulate insurance premiums	64%	36%
Reduce or hold the line on insurance mandates	49%	51%
Cap costs of health care providers and insurers	37%	63%
Insurance coverage limits on prescription drugs, tests, and procedures	28%	72%
Reduce insurance regulation	26%	74%
Establish a high-risk pool	15%	85%

After multiple voting and re-discussion, the participants defined the top three options for reducing health care costs, one of which had not been presented in the guide, but was added by participants:

1. *Get out of the private for-profit insurance paradigm* (added by participants),
2. *Regulate insurance premiums,*
3. *Cap costs of health care providers and insurers.*

### 3. Improve Health Care Quality

The discussion guide offered five examples of ways to improve the quality of health care in Maine. Three of those generated significant support: *establish best practices and treatment*

*guidelines; create a statewide system to allow providers access to electronic medical information; and create report cards on the quality of care for consumers.*

Participants also expressed a strong interest in preventive health care during discussion, but the meaning of that term varied considerably among participants.

#### **Results of Polling – Improve Health Care Quality**

<b>Options</b>	<b>For</b>	<b>Against</b>
Create report cards on quality of care for consumers	78%	22%
Create a statewide system to allow providers access to electronic medical information	73%	27%
Establish best practices and treatment guidelines	71%	29%
Place controls on the introduction of new medical technology	46%	54%
Require people with serious mental illness and/or substance abuse to get appropriate care	29%	71%

In polling for top options for improving health care quality, two were tied for second after multiple rounds of voting:

1. *Place controls on the introduction of new medical technology,*
2. *Tie – Establish best practices and treatment guidelines and Create report cards on quality of care for consumers.*

#### **4. Increase Access to Health Insurance Coverage**

The guide presented several examples of ways to improve access to health insurance. Among the examples presented for discussion in this section, participants strongly supported *expand MaineCare [Medicaid] coverage; expand the DirigoChoice plan; and create a single-payer universal coverage system for Maine*. Participants did not favor mandated employer contributions to insurance coverage or a requirement that all Mainers have health insurance. An additional option was proposed by participants to combine expanding MaineCare (Medicaid) coverage and expanding the DirigoChoice plan.

#### **Results of Polling – Increase Access to Health Insurance Coverage**

<b>Options</b>	<b>For</b>	<b>Against</b>
Expand the DirigoChoice Plan	74%	26%
Expand MaineCare [Medicaid] coverage	69%	31%
Create a single-payer universal coverage system in Maine	64%	36%
Require all Mainers to have insurance coverage	29%	71%
Mandate employer contributions to insurance coverage	18%	82%

After much additional discussion, the participants selected two top choices for increasing access to health insurance:

1. *Create a single-payer universal coverage system in Maine,*
2. *Combine the expansion of Medicaid with expanding DirigoChoice.*

## 5. Integrating Strategies and Priority Setting

As the day came to a close, participants grappled with the complexities of clarifying, and integrating strategies. Participants expressed dissatisfaction with Maine's present health care system. Large-scale system changes were separated from incremental changes to the current system. No single option in either system-wide change or incremental change within the existing system won an overwhelming majority, although a significant minority expressed support for system wide change to a single payer system and 50% supported changing the current system by providing preventative care through clinics.

### Results of Polling – Integrating Strategies

<b>System-wide Changes</b>	<b>Support for</b>
<i>Single-payer system</i>	48%
<i>Expand DirigoChoice and MaineCare [a merging of two of the options in the Participant Guide]</i>	30%
<i>Get out of private for-profit insurance paradigm</i>	8%
<i>None of the above</i>	13%
Total	100%
<b>Incremental Changes</b>	
To Improve Health	
<i>Cover preventative services without consumer cost</i>	16%
<i>Encourage good food choices and increase exercise at school</i>	13%
To Contain Costs	
<i>Regulate insurance premiums</i>	6%
<i>Cap costs of health care providers and insurers</i>	6%
To Improve Quality	
<i>Improve public health infrastructure (clinics)*</i>	50%
<i>Establish best practices and create report cards</i>	8%
Total	100%

**\* This item was identified by the Theme Team as it coded themes across tables and sites. A review of the thematic data after the meeting indicated that the coding assigned by the Theme Team (“Improve public health infrastructure”) was actually a coding error. The participants themselves had suggested clinics, and had not mentioned “public health infrastructure.”**

## Outcomes

An overwhelming majority of participants in the meeting itself (93.3%) believed that they learned something new during the session, and well over half (60.3%) indicated that their opinions had evolved during the day. The clear policy implication is that having public information on the complicated issue of health care cost, quality, and access is important and that



people outside of the health care field are willing to wade into complex information and engage in meaningful discussion about complex issues.

## **Policy Implications**

The Governor's Office of Health Policy and Finance and its Advisory Council utilized the information from Tough Choices to inform and guide development of the biennial State Health Plan. The Tough Choices session indicates that there are several issues that should be thoroughly explored, tested, and addressed.

**Systems Change:** Participants at the meeting expressed a significant interest in systemic change. Although no specific option received overwhelming majority support, it is important to note that the participants spontaneously added, at the end of the day, the option of promoting a single-payer health care system as one of the potential system changes that could advance cost, quality and access to health care.

**Existing System:** The subsequent process for developing the state health plan examined the interest articulated by the participants in promoting prevention.

**Reducing Costs:** Even though participants recognized the positive impact of reducing costs on the health care system (84.2% rated the need for cost reduction as high or very high), they were unenthusiastic about the cost-reduction strategies presented in the discussion guide. The top choices included *regulating insurance premiums* and *capping the costs of health care providers*. Participants insisted on adding a strategy to explore additional cost-reduction options. The Governor's Office on Health Policy and Finance offered those participants the opportunity to sign up for subsequent focus groups to delve deeper into the issues raised during Tough Choices and to specifically consider ways to reduce costs. Those focus groups were held in August.

## **Summary**

The "Tough Choices" process was a pioneering endeavor for Maine – and one with national implications. In pairing survey methodology with informed, facilitated discussion, Maine has developed a model of interest to other states and even to other countries. Observers at the meeting included representatives from the National Institutes of Health, the state of New Hampshire, the country of Italy, and the national Citizen's Healthcare Working Group – a 14-member commission appointed by Congress to develop a roadmap for health care for the President and Congress. Largely based on the Maine experience, the Citizen's Healthcare Working Group has just engaged *AmericaSpeaks* to build on the Maine "Tough Choices" process to frame a national discussion on how our nation's health care system should improve cost, quality and access.

In Maine, participant feedback indicates that the Tough Choices process was a valuable educational and engagement tool. It provided a framework to educate and engage Maine people in a detailed discussion of the issues being addressed in the State Health Plan.

However, some question whether Tough Choices succeeded in getting participants to make “tough choices.” While participants discussed tradeoffs and weighed policy options, they were not forced to make “tough choices.” Rather, the meeting was more an exercise in identifying preferences geared towards achieving a goal than making difficult policy decisions. There are likely several reasons for this, including: the complexity of the topic; the amount of choices offered and not enough time to fully discuss tradeoffs; the inability within the program design to force participants to grapple with difficult discussions, such as how to reduce health care costs; and more. However, Tough Choices did demonstrate to participants the difficulty policy makers and others face in making tough decisions and weighing tradeoffs.

Tough Choices brought Maine people together and gave them the opportunity to voice their views about our health and health care system and to learn about the views of others like them. The Tough Choices effort provided important guidance to the Governor’s Office of Health Policy and Finance and its Advisory Council in formulating the State Health Plan. Importantly, Tough Choices is the beginning of a long-term public dialogue to identify and make the necessary changes to achieve Maine’s goal of becoming the healthiest state in the country.

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<sup>i</sup> The entire strategy consisted of the following steps:

Step 1: Dirigo Health Reform created the Advisory Council on Health Systems and Development to advise in the development and implementation of the biennial State Health Plan. Advisory Council members include representatives from the health care community: hospitals, physicians, public health advocates, consumer advocates, and more. All meetings of the Advisory Council are open and public and include time set aside for public comments.

Step 2: GOHPF will publish information on Maine’s health status, spending and costs by regions of the state in September, 2005. This “data book” will be available in 2005 and be distributed widely. It will also be found on-line at [www.dirigohealth.maine.gov](http://www.dirigohealth.maine.gov).

Step 3: Public forums will be held statewide in September to get reactions from the public about the information in the data book. The forums will help to inform and advance the conversation with Maine people on how to make Maine the healthiest state in the nation.

Step 4: The “Tough Choices in Health Care” Town Meetings,, which were held in May, with follow-up focus groups in August, provides information on the public’s priorities for health care.

Step 5: Formal public hearings will be held in November.

Step 6: The Advisory Council will incorporate the information and the different perspectives into the State Health Plan. The Legislature has approved a revised deadline of December, 2005. Before it is completed, public hearings will be held on a draft plan to receive additional public comment